



Department of Agriculture, Trade and Consumer Protection

Consumer Complaint

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

2. What business is your complaint against?

Name of business: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I went to the business | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Person from business called me | <input type="checkbox"/> I telephoned the business | <input type="checkbox"/> Email |
| <input type="checkbox"/> Business sent me information in the mail | <input type="checkbox"/> I responded to a radio or TV ad | |
| <input type="checkbox"/> I attended a convention or trade show | <input type="checkbox"/> I responded to a printed advertisement | |

4. When did the first contact occur? month: _____ day: _____ year: _____

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

6. What product or service did you buy? (please be specific) _____

7. Was it advertised? (circle one) No Yes Date: _____ Where: _____

8. Did you sign a contract? (circle one) No Yes Date: _____ Number on contract, policy or receipt _____

9. If yes, where were you when you signed the contract? _____

10. Amount paid: \$ _____ by: (circle one) cash check credit card financed other plan

11. Where did you pay the business: (check one)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> At my home | <input type="checkbox"/> At the company's place of business | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Over the telephone by credit card | <input type="checkbox"/> Away from company's place of business | |
| <input type="checkbox"/> By mail | <input type="checkbox"/> At a convention or trade show | |

12. Did you contact the business about your complaint? ☐ Yes ☐ No When? _____ What happened? _____

13. Have you filed this complaint with another agency? ☐ Yes ☐ No Agency name? _____ What happened? _____

14. Have you contacted a private attorney? ☐ Yes ☐ No Have you started court action? ☐ Yes ☐ No

IMPORTANT: More questions on the back page (over)

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15. Describe your complaint in detail. _____

16. How do you feel your complaint should be resolved? *(please be specific)* _____

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin’s Open Records Law, this complaint will be available for public review upon request, after this department’s action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov
(608) 224-4976
FAX: (608) 224-4939
TDD: (608) 224-5058
WEBSITE: www.datcp.state.wi.us